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CONFIRMATION NO. 8619

SERIAL NUMBER 10/810,388	FILING OR 371(c) DATE 03/26/2004 RULE	CLASS 435	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 5853-400
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APPLICANTS

OK
Gerry Shaw, Gainesville, FL;
Brian R. Pike, Derwood, MD;

** CONTINUING DATA *****

OK
This appln claims benefit of 60/459,286 03/31/2003

** FOREIGN APPLICATIONS *****

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Stephen Gunde</u> Initials _____				

ADDRESS

30448

TITLE

Assessing neuronal damage from blood samples

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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